

RN EXAMINATION APPLICATION INSTRUCTION LETTER

Graduates of nursing programs may practice as a graduate nurse until s/he has received the results of the first licensure exam taken by the nurse or until ninety (90) days after graduation, whichever first occurs. You can only work as a GN after you graduate and **until 1) you receive results of your first exam OR 2) 90 days after your graduation date; whichever of these situations occurs first.** You are a graduate after you have completed **ALL** degree requirements and have **officially graduated** from your nursing program.

If you have any questions, please contact the Board office at (573) 751-0681. If you practice beyond the graduate exempted practice period, you may be denied the opportunity to test. You are responsible for knowing the date you must cease practicing as a graduate nurse. You are required to abide by the laws in the state in which you practice nursing. You can view and/or print the State of Missouri Nursing Practice Act from the board's web site at <http://pr.mo.gov/nursing>.

Nurse Licensure Compact

Missouri is a member of the Nurse Licensure Compact which allows nurses licensed in Missouri to practice in other compact states. A nurse may hold only one compact license and it must be issued by his/her state of primary residence. **If you declare your primary state of residence to be a compact state other than Missouri and you will not be moving to Missouri, you should not apply for licensure in Missouri.** If you currently reside in a compact state other than Missouri and will change your primary residence to Missouri within the next 90 days, you may declare primary residency as Missouri and apply for a license. You may be required to provide proof of residency, which may include a Missouri driver's license, voter registration or income tax return. If you declare a non-compact state as your state of primary residence, and you meet all other requirements for licensure in Missouri, you will receive a single-state license valid for practice only in Missouri. For a list of states participating in the Compact or additional information about the Compact go to <http://www.ncsbn.org/>

Your Application Packet Consists Of:

- One (1) Application for License as a Registered Professional Nurse by Examination (White Application)
- One (1) Letter of Instruction for Completing Application for an RN license by Examination
- NCLEX® Candidate Bulletin available at <https://www.ncsbn.org/nclex.htm> or <http://www.pearsonvue.com/nclex/>

What YOU Must Submit To The Board Of Nursing Office No Later Than Three (3) Months Before You Graduate

- Completed, signed and notarized application
 - Section VI must be completed and sealed by your Nursing Program Administrator
- One 2"x2" signed photograph
- \$45.00 fee - make the fee payable to the Missouri State Board of Nursing. The fee may be a money order, cashier's check or personal check. The fee is non-refundable.

Criminal background checks – Do this at least two weeks after you submit your application to the Board

Step 1: Go to www.machs.mo.gov and register using the 4 digit registration number of **0001 (three zeroes followed by a one)**. **The name, date of birth and social security number you use to register with MACHS must match the same information on your application to the board. If it does not, you may be required to complete this process again at your expense and this will delay processing your application.** After you register, you will receive a TCN number. You will want to register with the fingerprint portal.

Step 2: Write down your TCN number.

Step 3: Click on Fingerprint Sites near the top of the web site at www.machs.mo.gov to find a fingerprint location. Once you click on Fingerprint Sites, a map will be displayed. Click on the county you desire, then click on a preferred location. You will then see the location address and hours of operation.

Step 4: Take your TCN number and a valid government issued ID with you to the fingerprint location.

Step 5: Get your prints taken and obtain a fingerprinting receipt.

Step 6: Retain your receipt for your records.

If you DO NOT register online first and take your TCN number with you to the fingerprint location, you WILL experience long wait times.

If you are not in Missouri and do not wish to drive to a Missouri fingerprint location, you still need to register as indicated in step 1 above. We recommend that you make payment online. You will then need to go to a law enforcement agency and obtain two inked fingerprint cards captured on a standard FBI-258 applicant fingerprint card. **Write down the TCN number on the back of your Fingerprint Cards.** Mail your cards to: 3M Cogent, Missouri CardScan, 639 N. Rosemead Blvd., Pasadena, CA 91107. To protect your identity, we recommend that you never put outgoing mail containing your personal identifying information in your mailbox. You should take it directly to a post office or drop it in a postal box. Do not mail the fingerprint cards to our office; we will destroy the cards and you will have to get printed again.

The total fee is \$44.80. This includes a State of Missouri search, a FBI search and the Cogent fee. Cogent is the state's vendor that processes fingerprints.

Immediately After You Graduate:

Request that your school of nursing forward an official final transcript to the Board of Nursing office.

You must register with NCLEX and pay the testing fee before you will receive an Authorization to Test (ATT)

- Missouri requires NCLEX registration to be completed online at <http://www.pearsonvue.com/nclex>. You may do this anywhere from 3 months to 4 weeks prior to your graduation date.

What Do I Need To Submit If I Answer Yes To Any Questions In Section IV?

- A separate notarized statement explaining the incident. This statement must accompany the application. This is your opportunity to explain the situation to the Board and plead your case for a license. This statement should include an explanation of rehabilitation.
- Supporting documents. This information need not accompany the application, but must be provided before a decision can be made regarding eligibility to take the licensure examination.

Court Documents Examples Are (The court documents **MUST BE CERTIFIED** by the court.): Certified official court document(s) relative to your criminal record, showing the date(s) and circumstance(s) surrounding your arrest(s)/conviction(s), sections of the law violated, and disposition of the case. This would normally consist of the Complaint or Indictment, the Judgment and Sentence, Docket Sheet or other documents showing disposition of your case.

Drug And/Or Alcohol Addiction And/Or Treatment Record Examples:

- Medical records from an inpatient treatment program
- A discharge summary
- A current evaluation from a counselor
- Records of attendance at AA, NA, or other aftercare program
- Letter from support group sponsor
- Character reference letters
- Reference letters from faculty or program director; additional documents that clarify the situation and support your request for a license.

It is your responsibility to provide this information. If any supporting documents are missing and/or your application must be reviewed by the members of the Missouri State Board of Nursing, you will be contacted in writing.

How Will I Be notified?

Your eligibility to take the examination will be communicated to the testing service after we receive:

- Board of Nursing application, fee and signed photograph
- Official final transcript from the nursing program
- Background Checks from Missouri Highway Patrol and Federal Bureau of Investigation (FBI)

You will receive an Authorization to Test from the testing service by email. The candidate bulletin contains information on how you schedule your exam, acceptable forms of identification required to take the exam and candidate rules.

How Do I Request Exam Modifications?

If you desire exam modifications due to a disability, please read the Requests for Exam Modifications paper located on our web site at <http://pr.mo.gov/nursing>. Select Licensure Info/Forms and then Requests for Exam Modifications or contact our office for more information.

When Can I Expect To Receive Results?

Within two (2) weeks of testing. In situations where results are delayed due to technical issues, you will be notified in writing.

NOTICE

Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate revocation within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003), and was signed into law by the Governor on July 1, 2003.

“All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns in the preceding three (3) years. If you have failed to pay your taxes or failed to file your tax returns, your license will be subject to immediate suspension within ninety (90) days of being notified by the Missouri Department of Revenue of any delinquency or failure to file pursuant to §324.010 RSMo.

You cannot be granted a license until you provide a United States social security number. Pursuant to 42 U.S.C. Section 666(1)(13), federal law requires each state to institute procedures to obtain the social security number of any applicant for a professional license or occupational license and requires that the social security number be recorded on the application.

Furthermore, section 324.024 RSMo, requires “every application for a license, certificate, registration, or permit or renewal of a license, certificate, registration, or permit issued in this state...contain the Social Security of the applicant. This provision shall not apply to an original application for a license, certificate, registration, or permit submitted by a citizen of a foreign country who has never been issued a Social Security number and who previously has not been licensed by any other state, United States territory, or federal agency. A citizen of a foreign country applying for licensure with the division of professional registration shall be required to submit his or her visa or passport identification number in lieu of the Social Security number.”

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IMPORTANT INFORMATION REGARDING NURSE LICENSURE IN MISSOURI

Nursing Practice Act

You are required to abide by the laws in the state in which you practice nursing. You can view and/or print the State of Missouri Nursing Practice Act from the board's web site at <http://pr.mo.gov>

Nurse Licensure Compact

The Nurse Licensure Compact became effective in Missouri on June 1, 2010, allowing nurses licensed in Missouri to practice in other compact states. A nurse may hold only one multistate license and it must be issued by his/her state of primary residence. **If you declare your primary state of residence to be a compact state other than Missouri, you should not apply for licensure in Missouri as your application will be returned to you.** If you currently reside in a compact state other than Missouri and will change your primary residence to Missouri within the next 90 days, you may declare primary residency in Missouri. You may be required to provide proof of residency, which may include a Missouri driver's license, voter registration or income tax return. If you declare a non-compact state as your state of primary residence, and you meet all other requirements for licensure in Missouri, you will receive a single-state license valid for practice only in Missouri. For a list of states participating in the Compact or additional information about the Compact go to <http://www.ncsbn.org/>

CONTINUING EDUCATION

Missouri statutes do not require continuing education as a condition of either original or renewal licensure. You may wish to keep your own records on continuing education or ask your employer to keep records for you.

ADVANCED PRACTICE REGISTERED NURSING

If you plan to represent yourself or practice nursing in Missouri as an advanced practice registered nurse (Nurse Anesthetist, Nurse Midwife, Nurse Practitioner, or Clinical Nurse Specialist) you must be formally recognized by the State Board of Nursing prior to beginning such activity. Please visit www.pr.mo.gov/nursing-advanced-practice.asp to obtain an Advanced Practice Registered Nurse Application.

The nurse licensure compact does not include advanced practice or prescriptive authority. Nurses licensed in a compact state must obtain these authorities in each state in which they practice.

EMPLOYMENT OPPORTUNITIES

This office does not have information regarding employment opportunities for nurses. If you would like information about employment in Missouri, you may wish to contact the local Chamber of Commerce for information regarding nursing employers in a particular city.

MALPRACTICE INSURANCE

This office does not handle malpractice insurance for nurses. You may wish to contact your professional organization for information regarding malpractice insurance.

EXPIRATION DATES

All current Registered Nurse licenses expire on April 30th of every odd numbered year. All current Licensed Practical Nurse licenses expire on May 31st of every even numbered year. Renewal notices are mailed approximately two months prior to the expiration date. The notices are mailed to the address this office has on file at that time. To ensure that your renewal notice is mailed to the correct address, please notify our office of any name and/or address changes as soon as it occurs.

MILITARY PERSONNEL

Military personnel are governed by federal laws and regulations. The Nurse Licensure Compact does not supersede that law. Federal government employers usually accept a nursing license from any state. If you choose to work outside a federal facility, you must hold a license in the state in which you practice.

NAME and/or ADDRESS CHANGES

You are required to notify the Board of Nursing immediately of any change of name or address.

Notification must be made in writing on a form provided by our office. The completed notification form can be faxed or mailed to the Board office. You can find a change form on the Board's web site at <http://pr.mo.gov/nursing.asp>

- Remember that Missouri is a member of the Nurse Licensure Compact which allows nurses licensed in Missouri to practice in other compact states. You may hold only one multistate license and it must be issued in your state of primary residence. **If you move to another compact state, you must apply for a license in that state. That state will issue you a multistate license and then your Missouri license will be placed inactive. This is because you cannot hold a multistate license in Missouri if your primary state of residence is not Missouri.** If you move to a state that has not enacted the compact, your Missouri license will be converted to a single state license valid only in Missouri. You will need to contact the board of nursing in your primary state of residence to obtain a license in that state. For a list of states participating in the Compact or additional information about the Compact go to <http://www.ncsbn.org/>

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NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV9c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

**APPLICATION FOR LICENSE AS A
REGISTERED PROFESSIONAL NURSE
BY EXAMINATION**

Text Telephone (TT)
1-800-735-2966
(Hearing Impaired)

MISSOURI STATE BOARD OF NURSING
P.O. BOX 656
JEFFERSON CITY, MISSOURI 65102-0656
(573) 751-0681
WEBSITE: <http://pr.mo.gov>
EMAIL: nursing@pr.mo.gov

RN-X

APPLICATION FEE IS NON-REFUNDABLE. APPLICATION IS RETIRED AND VOID IF REQUIREMENTS FOR LICENSURE ARE NOT MET WITHIN ONE YEAR FROM THE DATE THAT THE APPLICATION WAS NOTARIZED AND A NEW APPLICATION AND FEE WILL NEED TO BE SUBMITTED TO BE CONSIDERED FOR LICENSURE.

FOR OFFICE USE ONLY			
LIC. APP. BY	LICENSE DATE	LICENSE NUMBER	
APP	TRANSCRIPT	DE	
MSHP	FBI		
CHECK	MO	CASH	DEPOSITED

SECTION I - PROFILE INFORMATION

FULL NAME (LAST)				(FIRST)				(MIDDLE)				(MAIDEN)			
PREVIOUS OR OTHER NAME(S)															
PRIMARY RESIDENCE (Where you vote, pay federal taxes, obtain a driver's license) – PHYSICAL ADDRESS REQUIRED, PO BOXES ARE NOT ACCEPTABLE															
CITY												STATE		ZIP CODE	
MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE) STREET OR P.O. BOX															
CITY												STATE		ZIP CODE	
DATE OF BIRTH			PLACE OF BIRTH (CITY)				(STATE)				(COUNTY)				MOTHER'S MAIDEN LAST NAME
MONTH	DAY	YEAR													
**SOCIAL SECURITY NUMBER (MANDATORY, USED FOR IDENTIFICATION PURPOSES ONLY)								TELEPHONE NO. - HOME				TELEPHONE NO. - WORK			
INTERNET E-MAIL ADDRESS (OPTIONAL PLEASE PRINT)								FAX NUMBER (OPTIONAL)							

SECTION II - BASIC PROFESSIONAL NURSING EDUCATION

PROFESSIONAL SCHOOL OF NURSING															
ADDRESS (CITY)												(STATE)			
TYPE OF PROGRAM														GRADUATION DATE	
<input type="checkbox"/> BACCALAUREATE				<input type="checkbox"/> DIPLOMA				<input type="checkbox"/> ASSOCIATE DEGREE							
<input type="checkbox"/> OTHER (SPECIFY) ▶															

SECTION III - REFERENCES

List the name, address and telephone number of two individuals who will always know where to reach you and indicate their relationship to you. The references should not have the same daytime telephone number. This information will be used to contact you, if necessary.

NAME												TELEPHONE NO.			
ADDRESS												RELATIONSHIP			
NAME												TELEPHONE NO.			
ADDRESS												RELATIONSHIP			

*Primary State of residence means the State of a person's declared fixed permanent and principal home for legal purposes; domicile. The following items could be requested as proof of primary state of residence; driver's license, voter registration card, federal income tax return.

SECTION IV - SCREENING QUESTIONS

ABSOLUTE AND COMPLETE CANDOR IS REQUIRED.

IF YOU ARE IN DOUBT WHETHER OR NOT TO REPORT, YOU SHOULD REPORT IT.

1. Have you ever been issued a professional license, certification, registration, or permit by any state, United States, territory, province or foreign country? YES NO
IF YES, IDENTIFY TYPE OF LICENSE, WHEN ISSUED AND BY WHOM.
- 1a. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program? YES NO
IF YES, PROVIDE A WRITTEN EXPLANATION INCLUDING THE STATE, DATES AND REASON FOR PARTICIPATION.
- 1b. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion? YES NO
IF YES, PROVIDE A WRITTEN EXPLANATION INCLUDING THE STATE, DATES, AND REASONS FOR PARTICIPATION AND TERMINATION.
2. Have you ever been denied a professional license, certification, registration or permit? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.
3. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.
4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration, or permit you hold? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.
5. Have you ever voluntarily surrendered or relinquished any professional license, certification, registration, or permit during or following an investigation? (This does not include failing to renew your license or allowing it to lapse for non-disciplinary reasons.) YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.
6. Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed excluding traffic violations? (This includes any crime where the disposition was a suspended imposition of sentence (SIS), or a suspended execution of sentence (SES), or if you pled guilty but were placed in an alternative or diversion court, including drug or DWI court.) YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).
7. Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? (This includes a disposition of a suspended imposition of sentence (SIS), suspended execution of sentence (SES), or placement in a post plea alternative or diversion court and includes municipal charges of driving while intoxicated, driving under the influence and/or driving with excessive blood alcohol content.) YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).
8. Do you have any condition or impairment, including a history of alcohol or substance abuse that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT
9. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? YES NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE THE DISCHARGE SUMMARY OR OTHER OFFICIAL DOCUMENTATION THAT SHOWS YOUR DIAGNOSIS, PROGNOSIS, AND TREATMENT PLAN.
10. Are you listed on any state or federal sexual offender registry? YES NO
IF YES, EXPLAIN FULLY ON A SEPARATE NOTARIZED STATEMENT.
11. Have you ever been placed on an employee disqualification list or other related restriction of finding pertaining to employment within a health-related profession issued by any state or federal government or agency? YES NO
IF YES, EXPLAIN FULLY ON A SEPARATE NOTARIZED STATEMENT.

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

Note: **You must provide your social security number pursuant to state and federal law.**
 If you fail or refuse to provide your social security number, we will consider your initial application or renewal application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application and could result in the imposition of late fees, administrative revocation of your license, a lapsed license or disciplinary action against your license.

SECTION V - RELEASE

I authorize do not authorize the Missouri State Board of Nursing to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my nursing education program as identified in this foregoing application and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam, examination results and my NCLEX Candidate Performance Report.

A copy of this authorization will be considered as effective and valid as the original.

SECTION VI - AFFIDAVIT (TO BE NOTARIZED BY A NOTARY PUBLIC)

I am aware that all documents needed for licensure by examination must be received in the Board office before my original license can be issued. I am also aware it is my obligation, pursuant to Board regulations, to keep the Board informed of my current name and address.

Being duly sworn, I state that I am the person whose photograph is attached, and who is referred to in the foregoing application for licensure as a Registered Professional Nurse in the State of Missouri; that the statements therein are strictly true in every respect; that I have complied with all requirements of law; that I am of good moral character; and that I have read and understood this affidavit.

MUST BE SIGNED IN PRESENCE OF NOTARY ▶		APPLICANT SIGNATURE	
STATE OF		COUNTY (OR CITY OF ST. LOUIS)	NOTARY PUBLIC EMBOSSEER SEAL
SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.	
DAY OF	20		
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

SECTION VII - NURSING PROGRAM DIRECTOR ENDORSEMENT

TO BE COMPLETED BY THE NURSE ADMINISTRATOR OF THE NURSING PROGRAM.

I VERIFY THAT THE PERSON NAMED IN THIS APPLICATION IS THE PERSON WHOSE PHOTOGRAPH IS ATTACHED.

ATTACH
PHOTOGRAPH
HERE

**DO NOT PASTE
OR STAPLE**

TO BE ACCEPTABLE THE PHOTOGRAPH MUST BE 2 X 2 INCHES IN SIZE, RECENT AND SHOW A CLEAR PICTURE OF YOUR FACE.

PLEASE USE CLEAR TAPE

NURSE ADMINISTRATOR SIGNATURE	NURSING PROGRAM EMAIL ADDRESS
SCHOOL OF NURSING	PROGRAM CODE

*PLEASE AFFIX
SCHOOL SEAL*

Data provided below is **voluntary** and is not required in order to submit an Application for Licensure. This data will assist the department in nurse demographics. **PLEASE PRINT IN BLACK INK.**

GENDER
 FEMALE MALE

RACE/ETHNIC GROUP
 CAUCASIAN (WHITE) AFRICAN-AMERICAN HISPANIC AMERICAN INDIAN/ALASKAN NATIVE
 ASIAN/PACIFIC ISLANDER OTHER (if other please indicate) _____

NATIONALITY
 AMERICAN FOREIGN (please indicate) _____

LANGUAGE
 ENGLISH FOREIGN (please indicate) _____

CITIZENSHIP
 UNITED STATES FOREIGN (please indicate) _____